

Central Virginia SBDC Confidential Pre-Counseling Questionnaire

Please return to admin@cvsbdc.org

Principal/Partner/Owner/: _____

Business/Start-up Name: _____

The following information is requested to enable us to serve you more effectively and comply with the terms of our funding agencies. Provision of this information is not required, but your cooperation will be greatly appreciated. All information will be held in strict confidence.

1. What is your business or business idea? (i.e., major products/services sold)

2. Why do you think there is a need for your product or service?

3. Who are your customers? (i.e., age, gender, income, etc). Why would they want to buy your products or services?

4. Who are your competitors and what are their strengths and weaknesses?

5. What is the competitive edge you have over your competition?

6. How are you going to promote your business? (i.e., coupons, mailings, press releases)

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7. What experience or qualities do you have that would help you to operate the business successfully?

8. Are you currently employed? If so, for whom do you work? What is your position?

9. Why have you decided to go into business? List your top three reasons.

1. _____
2. _____
3. _____

10. What date did you start, or plan to start your business?

Starting Date: _____

Planned Start Date: _____

11. What is your estimate of how much it will cost to start the business? If you need help financing your business what is your estimate on the amount needed?

12. What key challenges concerning your business/business idea do you want to address with the SBDC staff?

FOR EXISTING BUSINESSES:

6. Please provide the following financial information for the business (estimates/approximations are fine):

\$ _____ Assets \$ _____ Liabilities \$ _____ Balance sheet net worth

This information reflects the situation as of _____ (supply date).

7. Please provide the following information for your most recent quarter or year.

\$ _____ Gross sales or receipts \$ _____ Export sales or receipts

\$ _____ Profit or loss \$ _____ Cost of goods sold and/or operations

\$ _____ Total payroll (as reported to VEC)

\$ _____ Owner(s) compensation (include fringe benefits)

This information is for the _____ quarter / _____ year ending _____

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FOR START-UPS:

8. How much experience do you have in the type of business you are starting?

_____ Less than 1 year _____ 1 – 3 years _____ 3 – 5 years _____ More than 5 years

9. Educational level of owner(s): Major field of study

_____ Not a high school graduate

_____ High school graduate

_____ Trade school graduate _____

_____ College graduate _____

10. Age of owner(s):

_____ Under 21 _____ 21 to 29 _____ 30 to 39

_____ 40 to 49 _____ 50 to 59 _____ 60 and over

11. How would you describe your credit rating?

_____ Poor If you have filed for bankruptcy, in what year? _____

_____ Fair _____ Good _____ Excellent

12. What equity/assets can you commit to the start up of the business?

*Please attach any relevant documents that may help us determine how we might serve you. You may want to include financial statements (actual or proforma), business plans, resumes of yourself and partners/ officers, previous studies of your business or venture, literature, diagrams, photos, etc.

Please call the Central Virginia Small Business Development Center offices if you have any questions.

Thank You.

Date Prepared: _____ Prepared by: _____

Name: _____ Title: _____

(Owner, President, Partner, etc.)